

1

LOUTH BOROUGH COUNCIL

Annual Report
of the
Medical Officer
of Health
1963



B O R O U G H O F L O U T H

1963

Chairman of the Council:

MAYOR

Councillor NEVILLE JEWELLINGS NICHOLSON, J.P.

DEPUTY MAYOR

Councillor ARTHUR McNEANEY

PUBLIC HEALTH COMMITTEE

Chairman:

Councillor P. FELL

Vice-Chairman:

Councillor R. CROSS

Alderman W. R. Burr

Alderman P. J. T. Haxby

Councillor Miss A. E. Hardy

Councillor E. T. Johnson

Councillor H. Manders

Councillor A. McNeaney

Councillor F. W. Hutchinson

Councillor V. Patchett

Councillor A. Hedley Warr

Councillor Mrs. G. Wilcox

HOUSING AND SLUM CLEARANCE COMMITTEE

Chairman:

Councillor MISS A. E. HARDY

Vice-Chairman:

Alderman J. H. STARSORE

Alderman R. Wilkinson

Councillor R. S. Dales

Councillor P. Fell

Councillor F. W. Hutchinson

Councillor E. T. Johnson

Councillor H. Manders

Councillor A. McNeaney

Councillor F.R. Macdonald

Councillor C. H. Paul

Councillor A. Hedley Warr

WALTER HOLT, LL.M.,
Solicitor
Town Clerk.



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TO THE MAYOR, ALDERMEN AND COUNCILLORS

OF THE BOROUGH OF LOUTH

I have the honour to present my Annual Report for the year 1963.

Deaths during the year were 173, an increase of 2 over the previous year. The causes of death remained much the same as last year. There were 5 fewer deaths from Malignant Disease, the figure for 1963 being 27. 6 of these were due to Lung Cancer. The number of deaths in the age group 75 years and over was 102. During recent years the proportion of elderly persons has been increasing, due no doubt to better hygienic conditions and raising of the standard of living. Many advances have been made in the treatment of the former "killing diseases", such as Tuberculosis. Operations on the heart now save many lives which used to come to an end in early adolescence. These people now have the chance to live a normal span of life, and in the future we can look to a greater proportion of elderly persons than at present. Problems arise with the welfare of these persons, special consideration needs to be given to the type of accommodation suitable for their needs. Efforts need to be made to alleviate loneliness and a feeling of not being wanted, so often found when their families have grown up and married and perhaps have left the district. Welfare Societies do much to help in this respect.

With regard to other causes of death, there were 22 cases of Coronary Disease, and 26 due to Vascular Lesions of the Nervous System.

There was an increase in the number of cases of pneumonia, the figure of 13 being 4 more than in 1962.

Births in the Borough fell from 192 in 1962 to 186 in 1963. There were 5 Still Births compared with 3 in 1962. No maternal deaths occurred.

The Borough was relatively free from notifiable Infectious Diseases during the year except for an outbreak of Measles. Over the years it has been noticed that Measles has a peak incidence in alternate years. 60 cases were notified during the year. No serious complications were reported. Chicken Pox and Mumps are still relatively common, but these diseases are not notifiable so no record of the actual number is available.

I should like to thank the Chairman and members of the Public Health Committee for the interest they have taken in

the work of the Public Health Department. The Senior Public Health Inspector and his staff have been most helpful and I should like to thank them for their loyal support during the year.

I remain,
Your obedient servant,

G.R. THORPE.
Medical Officer of Health.

BOROUGH OF MOUTH
PUBLIC HEALTH OFFICERS

Medical Officer of Health:
G.R. THORPE, M.B., Ch.B., L.P.H.

Senior Public Health Inspector:
J.A.H. BROCKLEBANK, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector:
E.H. LAND, M.A.P.H.I.

Pupil Public Health Inspector:
B.K. CVERTON

Borough Surveyor:
J.C. BARBER, M.I. Mun. E.

Housing Manager:
L. COPLAND, A.I. Hgs.
(Resigned November, 1963)

SECTION A

Social Conditions and General Statistics

Area of Borough in Acres	2,312
Registrar General's estimated mid year Home Population	11,400
Density per Acre	4.05
Number of inhabited houses at end of 1962	3,843
Rateable Value of inhabited houses	£180,242
Product of Penny Rate	£1,400

VITAL STATISTICS

(Note - Figures in brackets show corresponding rates for England and Wales).

BIRTHS

(a) Live	Total	Male	Female
Legitimate	179	84	95
Illegitimate	7	4	3
	<u>186</u>	<u>88</u>	<u>98</u>

Live Birth Rate per 1,000 of estimated population	16.2
Standardised Birth Rate for comparative purposes (Comparability factor 1.09)	17.6
Illegitimate Live Births (per cent of total live births)	3.7

(b) <u>Still Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	5	4	1
Illegitimate	-	-	-
	<hr/> 5	<hr/> 4	<hr/> 1

Still Birth Rate per 1,000 of estimated population	0.44
Still Birth Rate per 1,000 (Live and Still) Births	26.1
Total Live and Still Births:-	191

DEATHS

<u>Total</u>	<u>Male</u>	<u>Female</u>
173	77	96

Crude Death Rate per 1,000 of estimated population	15.2
Standardised Death Rate (Comparability Factor 0.81)	12.3

Infant Deaths

(a) <u>Under 12 months</u>	<u>Male</u>	<u>Female</u>
Legitimate	3	2
Illegitimate	-	-

Infant Mortality Rate per 1,000 of Total Live Births	26.9
Infant Mortality Rate per 1,000 Legitimate Births	27.8
Infant Mortality Rate per 1,000 Illegitimate Births	Nil

(b) <u>Under 4 weeks</u>	<u>Male</u>	<u>Female</u>
Legitimate	2	1
Illegitimate	-	-

Neo-natal Mortality Rate per 1,000 Live Births	16.1
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(c) <u>Under 1 week</u>	<u>Male</u>	<u>Female</u>
Legitimate	1	1
Illegitimate	-	-

Early Neo-natal Mortality Rate per 1,000 total Live Births	10.7
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Perinatal Mortality Rate (Still Births and Deaths under 1 week combined per 1,000 total live and stillbirths)	36.6
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Maternal Deaths (including abortion)	Nil
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Infant Deaths - Causes of and Ages at Death

<u>Defect</u>	<u>Age</u>
Respiratory Tract Infection	3 weeks
Respiratory Tract Infection	3 months
Respiratory Tract Infection	8 weeks
Congenital Abnormality	3/4 hour
Prematurity	20 hours

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>
1. Tuberculosis of Respiratory System	-	-
2. Tuberculosis - Other	-	-
3. Meningococcal Infections	-	-
4. Other Infective and Parasitic diseases	-	-
5. Malignant Neoplasm - Stomach	2	1
6. Malignant Neoplasm - Lung, Bronchus	5	1
7. Malignant Neoplasm - Breast	-	3
8. Malignant Neoplasm - Uterus	-	-
9. Other malignant & lymphatic neoplasms	8	7
10. Leukaemia, aleukaemia	1	1
11. Diabetes	2	1
12. Vascular lesions of nervous system	13	13
13. Coronary disease, angina	15	7
14. Hypertension with heart disease	2	1
15. Other heart disease	2	15
16. Other circulatory disease	3	10
17. Influenza	3	1
18. Pneumonia	5	8
19. Bronchitis	4	2
20. Other diseases of respiratory system	1	2
21. Ulcer of stomach and duodenum	1	-
22. Hyperplasia of prostate	-	-
23. Congenital malformations	1	-
24. Other defined and ill-defined diseases	3	18
25. Motor vehicle accidents	1	1
26. All other accidents	1	3
27. Suicide	1	1
28. Nephritis and Nephrosis	-	-
29. Gastritis, Enteritis and Diarrhoea	3	-
	<u>77</u>	<u>96</u>

Table 1. Ages at Death for 1963

<u>Age in Years</u>	<u>0/1</u>	<u>1/5</u>	<u>5/15</u>	<u>15/25</u>	<u>25/35</u>	<u>35/45</u>	<u>45/55</u>	<u>55/65</u>	<u>65/75</u>	<u>75+</u>	<u>Total</u>
Deaths	5	-	-	1	1	3	6	24	31	102	173

Table 2. Table showing ages at death during the past 5 years and the averages for that period compared with 1963.

ages in years	0/1	1/5	5/15	15/25	25/35	35/45	45/55	55/65	65/75	75+	Total
1962	3	-	2	1	-	3	8	17	44	93	171
1961	3	1	1	1	2	3	9	21	41	77	159
1960	4	1	1	-	-	1	5	21	26	94	153
1959	4	1	-	1	1	-	12	16	39	77	151
1958	4	2	-	2	-	2	6	18	52	100	186
Average nos.	3.6	1	0.8	1	0.6	1.8	8	18.6	40.4	88.2	164
1963	5	-	-	1	1	3	6	24	31	102	173

Table 3. Anatomical Sites of Malignant Neoplasms.

Site	Male	Female	Total
Stomach	2	1	3
Lung, Bronchus	5	1	6
Breast	-	3	3
Uterus	-	-	-
Other Sites	8	7	15
	<u>15</u>	<u>12</u>	<u>27</u>

Table 4. Deaths from Malignant Neoplasms.

Site	1963	1962	1961	1960	1959	1958
Stomach	3	5	1	3	7	2
Lung, Bronchus	6	4	3	10	3	3
Breast	3	2	1	3	2	2
Uterus	-	1	3	1	2	3
Other Sites	15	20	14	13	14	12
Total	<u>27</u>	<u>32</u>	<u>22</u>	<u>30</u>	<u>28</u>	<u>22</u>

SECTION 3

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Laboratory Facilities

Once again I should like to thank Dr. J.M. Croll of the Public Health Laboratory Service at Lincoln for kindly reporting on the various samples which are sent to him for analysis.

TREATMENT CENTRES AND CLINICS

The following Clinic services are provided by the County Council and the Regional Hospital Board towards meeting local needs in the preventive and treatment branches of medicine.

- a - Clinics at the County Council's premises, 32, Queen Street, Louth

School Children:

Each Wednesday 2 to 4 p.m.
Diphtheria and Combined Immunisations.

Child Welfare:

- | | |
|--|--|
| (1) Child Welfare: | Each Tuesday 2 to 4 p.m.
(Doctor attends 2nd and 4th Tuesday 10 a.m.) |
| (2) Toddlers: | Tuesdays (2nd & 4th) 10 a.m. to 12 noon. |
| (3) Diphtheria & Combined Immunisations: | 2nd & 4th Tuesdays 2 p.m. |
| Ante-natal Mothercraft and Relaxation: | Each Thursday 2.30 p.m. to 4.30 p.m. |
| Mental: | By appointment. |
| Speech Therapy: | Mondays 10 a.m. and 2 p.m. |
| Chiropody: | Fridays 10 a.m. and 2 p.m. |
| Welfare Foods. | Each Tuesday 2 to 4 p.m. |

B - At the Local Hospitals

County Hospital, Louth Out Patient Clinics

Louth & District Hospital Out Patient Clinics

Ophthalmology - Monday 10 a.m.	-
Ear, Nose & Throat - Monday 2.30 p.m.	-
Ante-natal - Monday 2.30 p.m.	-
Dental - Monday 3 p.m.	-
Genito-Urinary - Monday 11.30 a.m.	-
Psychiatry - Tuesday 9.30 a.m.	-
Surgical - Tuesday 2.30 p.m. and Friday 2.30 p.m.	Monday 2.30 p.m. and Thursday 10.30 a.m.
Chest - Wednesday 9 a.m.	-
Paediatric - Wednesday 2 p.m. (The 1st Wednesday in each month at 10 a.m.)	-
Orthopaedic - Wednesday 9.30 a.m. and Friday 9.30 a.m.	-
Radiotherapy - Alternate Thursdays 11 a.m.	-
Gynaecology - Thursdays 2 p.m.	-
Venereology - Thursdays 2 p.m.	-
Medical - Thursdays 10 a.m. and Fridays 10 a.m.	-
Dermatology - Fridays 2 p.m.	-
Radiology - Tuesday and Thursday	-
School Children's Eye Clinic - 1st and 3rd Tuesday 10 a.m.	-

EVALUATION OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Infectious Diseases other than Tuberculosis during 1963

Disease	Cases Notified	Case rate per 1,000 of estimated pop.
Measles	60	5.2
Virus Meningitis	4	.35
Puerperal Pyrexia	1	+5.23
Total	65	+per 1,000 (Live and Still Births)

PROCEEDINGS OF THE GOVERNMENT OF SRI LANKA
HOOPING COUGH, SMALLPOX AND TETANUS

(a) Diphtheria Immunisation

Under 5 Years	5-14 Years	Booster Doses
-	-	205

(b) Form of Prophylaxis.

Age in Years	Under 1	1	2	3	4	5 9	- 10- 14	Total
Diphtheria and Whooping Cough	-	-	-	-	-	-	-	-
Diphtheria, Tetanus and Whooping Cough	50	61	3	2	3	1	-	120
Diphtheria and Tetanus	-	-	-	-	-	4	-	4
Whooping Cough	-	-	-	-	-	-	-	-
Whooping Cough and Tetanus	-	-	-	-	-	-	-	-
	50	61	3	2	3	5	-	124

(c) Smallpox

	0/1	1/4	5/14	15+	Total
Vaccination	8	13	3	11	35
Re-vaccination	-	-	1	5	6

(d) Tetanus

	0/1	1/4	5/14	15+	Total
Vaccination	-	-	9	9	18
Booster	-	-	-	-	-

Prophylaxis 1963

The number of children immunised against infectious diseases continues to be satisfactory. Parents are constantly reminded of the necessity for protecting their children against these serious diseases. No case of Diphtheria occurred during the year, but immunisation remains essential to keep the borough free from outbreaks of this disease. Fortunately parents are willing for this protection to be given to their children. A course is given early in the baby's first year of life and a booster dose is given before entering school to give added protection when mixing with large numbers of children.

Figures for smallpox vaccination fell considerably after large numbers were vaccinated in the previous year, following outbreaks of smallpox. It is preferable for vaccination to be given in infancy for the first time as reactions are not so severe as an adult being vaccinated for the first time. The popularity of foreign travel is causing many persons to be vaccinated for the first time or revaccinated as this is a necessary procedure for entry into many foreign countries.

I am grateful to Dr. G.D. Cormac, the County Medical Officer of Health, for supplying the figures relating to immunisation.

Tuberculosis: New Cases and Mortality during 1963

AGE	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-1 years	-	-	-	-	-	-	-	-
1-5 years	-	-	-	-	-	-	-	-
5-15 "	-	-	-	-	-	-	-	-
15-25 "	3	-	-	-	-	-	-	-
25-35 "	-	-	-	-	-	-	-	-
35-45 "	1	-	-	-	-	-	-	-
45-55 "	-	-	-	-	-	-	-	-
55-65 "	-	-	-	-	-	-	-	-
65+ "	1	-	-	-	-	-	-	-

Medical Inspection of School Children

Medical examination of school children is carried out several times during the child's school life. The first examination is held when the child first enters school, usually at the age of 5 years. It is most important that the parents should be present at this examination so that full medical details of the child's previous health can be obtained and the mother can discuss any problems with the doctor and nurse. The opportunity is taken to ascertain if the child is fully protected against infectious diseases by immunisation; if not, then the necessary injection can be given in school. Any medical defects discovered can be treated by advising the mother to see her own doctor or by referring the child to hospital or clinic. The child's doctor is always notified before any action is taken as he may prefer to make his own arrangements regarding treatment. Many other subjects are discussed by the mother in addition to purely medical defects. These include Behaviour Problems, Jealousy for a Younger Child, Problems of Feeding, "What to do about a fierce dog next door", "Is Johnny reading too much - will it damage his eyes?".

In addition to these routine medical examinations at fixed ages, mothers can see the doctor about any particular defect they have noticed themselves. Teachers refer children suspected of deafness, defective vision or because they are not progressing satisfactorily with their lessons. Special Intelligence Tests are used when there is a possibility of backwardness, though sometimes it is found that the child has normal intelligence but because of unsuspected deafness cannot hear the teacher in class and so falls behind with his studies.

A high proportion of child have defects of vision and it is very difficult to persuade children to wear glasses - they interfere with their play and so become a nuisance. The glasses are frequently broken and often a considerable time elapses before the glasses are replaced. I have heard of children who want glasses unnecessarily and two such children misread the eye chart in an endeavour to be given glasses. Squint needs urgent treatment and the earlier it can be detected the better the results as a "lazy eye" soon loses it's efficiency. The squinting eye is more quickly detected by the parent than one in which the eyesight is defective.

The general physical condition of the children attending school continues to remain very good. Few children are found to be under nourished.

The Senior Public Health Inspector has kindly supplied a more detailed report on this section.

Refuse Disposal

Disposal of refuse is a considerable problem in any town. It is necessary to find a suitable place to deposit the refuse and then to ensure that no nuisance results. Household refuse is deposited in bins outside the house and so far as possible householders should be encouraged to burn such combustible materials as paper, boxes, food refuse and anything which might attract flies and vermin, using the bin for indestructible material such as ashes and tins. Nuisance can arise during the transport of refuse through the town as paper and dust can be blown about. A recent innovation is the introduction of paper sacks to replace bins, which would do much to reduce this nuisance as the bag is not emptied into the van but remained full and stacked in the van. It is a cleaner method and there is no heavy empty bin to return to the house. It is a fairly expensive procedure but could be economical in time saved. Considerable supervision is needed at the tip itself to avoid nuisance from paper blowing about, precautions need to be taken to avoid infestation with rats and flies, there is also a fire risk due to spontaneous combustion, but these problems can be satisfactorily solved with a little care. Refuse should be collected at intervals of not more than 7 days to avoid breeding of flies in the bins.

Housing and Slum Clearance

This is one of the chief concerns of the Health Department and is a problem that will go on for many years to come. The acquisition of building sites is becoming more and more difficult in many towns and the only answer in some cases is building multi-storied blocks of dwellings to economise in the use of land. Housing estates outside the town are often unpopular owing to transport difficulties into the town for shopping and work.

With an increasing proportion of elderly people the necessity of providing special accommodation for them arises. An elderly couple or a person on his own no longer needs a large house and the answer is often found by building groups of bungalows or flats supervised by a warden. These dwellings are best sited near the town centre to be close to shops and churches.

Many houses can be given a new lease of life by various grants for improvement of amenities in the house such as toilets and bathrooms, hot water supply and food stores.

Fluoridation of Water Supplies

Considerable interest has been taken in this subject recently and many arguments for and against its use have been put forward. Fluoridation of a water supply means the addition of soluble fluoride in accurately controlled amounts to the main water supply. The final concentration is in the order of 1 part of fluoride per million of water.

Investigations in America and Great Britain have shown that children born and brought up in an area with about 1 part per million of fluoride in the water have 50-60% less dental decay than those in areas where the water contains only a trace of it. The maximum benefit of water containing fluoride is obtained during the first eight years of life when the teeth are forming.

Fluoride is found in most water supplies in this country in varying amounts. It is proposed to add sufficient fluoride to the water to make up a concentration of 1 part per million. There is no evidence that fluoride in this concentration has any harmful effect. Over half a million people in this country have been drinking water naturally fluoridated in a concentration of 1 part per million all their lives with no detectable ill effects.

Food Poisoning

Outbreaks of food poisoning occur from time to time and in a school can affect a large number of children. Many outbreaks could be avoided by taking reasonable care in handling and preparing food. Contamination can take place at the source of supply, in transit or in the kitchen. Food should be protected at all times from contamination by flies, dust and vermin. Handlers of food should take special care in their personal cleanliness and any with septic sores, sore throat or abdominal upset should not be allowed to handle food stuffs. Utensils should be spotlessly clean, working surfaces must be kept clean. Cleansing cloths should be clean. It is little use carefully washing crockery and then drying with a dirty cloth.

Food stuffs should be cooked and eaten the same day if possible. Danger increases when food is cooked one day and eaten the next. When it is necessary to precook a meal it should be cooled as quickly as possible and protected from dust while cooling.

Scrupulous cleanliness will do a great deal to reduce outbreaks of food poisoning.

1. WATER SAMPLING.

Public Supply

Total number of samples taken for bacteriological examination ..	123
Number of samples declared satisfactory	122
Number of samples declared unsatisfactory	1

Private Supplies

Total number of samples taken	3
Number of samples declared satisfactory	3

Swimming Baths.

Total number of samples taken	20
Number of samples declared satisfactory	20

2. PROVISION OF INTERNAL WATER SUPPLIES.

An internal water supply was provided to each of 25 houses during the year. Most of the houses without an internal supply are small houses where an owner/occupier does not wish to have such a supply installed or are houses which are likely to be dealt with under the Housing Acts in the fairly near future.

3. FOOD CONTROL.

Inspection of premises.

The total of three hundred and thirty-nine inspections of food premises during the year is an increase of ninety six over the total for 1962. These inspections brought to light forty contraventions of the regulations which were dealt with informally.

The reconstruction of a grocery store and the complete replacement of a butcher's shop were commenced during the year. This, in the long term, is the only satisfactory way of dealing with a number of the food shops in the centre of the town as the layout does not permit piecemeal improvement.

Milk Sampling.

Pasteurised milk - No. of samples taken	22
Number of samples declared satisfactory	22

Ice Cream Sampling.

Total number of samples taken	29
Number of samples placed in Grade 1	29

Meat Inspection.

No. of licenced slaughterhouses 7

Carcases and Offal inspected.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	2144	183	70	7479	11521	-
Number inspected	2144	183	70	7479	11521	-
All diseases except Tuberculosis and Cysticerci						
Whole carcasses condemned	7	22	8	98	51	-
Carcases of which some part or organ was condemned	192	34	2	76	1863	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	9%	30%	14%	2.3%	16%	-
Tuberculosis only						
Whole carcasses condemned	-	-	-	-	3	-
Carcases of which some part or organ was condemned	-	-	-	-	70	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	.6%	-
Cysticercosis						
Carcases of which some part or organ was condemned	6	-	-	-	-	-
Carcases submitted to treatment by refrigeration	6	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

The reduction of almost five thousand in the number of sheep inspected during the year is due partly to the fact that a wholesale butcher whose practice it had been to use a local slaughterhouse during the early autumn to prepare mutton for the London market, ceased to do so during 1963.

Meat Inspection Regulations 1963.

With the coming into force of these Regulations in October, the Council decided to make charges at the maximum rate for meat inspection. This decision was taken after it was shown that meat inspection takes up the greater part of one inspector's time, and that the cost would scarcely be covered by the income from this source.

The factors which make this service relatively costly are the number of small slaughterhouses which are in use at various times during the normal working day and also in the evenings.

Had all slaughtering operations been concentrated at one point, then meat inspection could have been carried out more cheaply and more efficiently.

Meat (Sterilising and Staining) Regulations 1960

A wholesale butcher was prosecuted for offences against the provisions of the Food and Drugs Act 1955 and the Meat (Sterilising and Staining) Regulations 1960, committed in November, 1963. The butcher had removed unfit meat from a slaughterhouse after a public health inspector had "seized" the meat under the powers contained in the Food and Drugs Act. He had also refused to have the unfit meat stained before removal, although this was the normal practice in the district and the accepted arrangement for removal under Regulation 8 of the Meat (Sterilising and Staining) Regulations.

A fine of £5 was imposed for the offence under the Food and Drugs Act 1955 and a fine of £30 for the offence under the Meat (Sterilising and Staining) Regulations.

4. HOUSING.

Inspection of Dwellinghouses

1. Total number of houses inspected for housing defects (under Public Health or Housing Acts)	78
2. Number of inspections made for purpose	332

Remedy of defects.

1. Number of dwellinghouses rendered fit in consequence of informal action by local authority or their officers	15
2. Number of dwellinghouses in respect of which notices under the Housing Acts were served requiring repairs	1
3. Number of dwellinghouses rendered fit by owners after service for formal notice	1

Slum Clearance - Proceedings under Housing Acts.

1. Number of dwellinghouses in respect of which Demolition Orders were made	8
2. Number of dwellinghouses or parts subject to Closing Orders	3
3. Number of dwellinghouses or parts made fit by undertakings	1
4. Number of dwellinghouses included in confirmed Clearance Orders	16

5. Number of dwellinghouses demolished in pursuance thereof 9

Housing Acts 1949-1959 - Improvement Grants.

1. Standard Grants	(a) Applications received	26
	(b) Dwellings subject to grant	25
2. Discretionary Grants	(a) Applications received	6
	(b) Dwellings subject to grant	6

No houses for general letting were built during the year although a block of twenty flats for the elderly together with a warden's flat, was completed during the year.

There were at the end of 1963, forty eight families living in houses subject to confirmed Clearance Orders, or Closing or Demolition Orders. Houses are still urgently needed for these people for whom no provision has yet been made.

5. REFUSE COLLECTION, NUISANCES, RODENT CONTROL.

Refuse Collection and Disposal.

The regular weekly collection of house refuse which has been a feature of the service for a number of years was maintained during 1963. An increase in the volume of refuse both from houses and shops, which has been taking place during the past few years, made the reorganisation of the service necessary. This included the use of a one-ton van for the collection of the large quantities of paper and cardboard which are produced at business premises. The work involved in the collection of house refuse was re-allocated between the two lorries, and a bonus payment scheme for the refuse collectors was negotiated between the Council and the trade union.

Cardboard and paper is baled and sold to the board mills, a total of 300 tons being sold during the year. This is a valuable basic material for the board industry and its collection and sale are well worth while. As only clean paper and cardboard are suitable for pulping, little or no nuisance is caused by the separate collection and baling of this material, as soiled paper is usually placed in the dustbin, or burnt by the occupier of the house.

In May, the second phase of refuse disposal at the London Road Tip was commenced, by depositing another layer of refuse on top of the original one which had been laid down about eight years previously and which had since been levelled and consolidated. It was found that the first deposit of refuse had broken down over the years to such an extent that it can be used to cover the newly deposited refuse.

The exclusion from the refuse of as much paper and cardboard as possible is essential as this material is most difficult to deal with in a controlled tip and the provision of an incinerator and the cost of running it would be relatively high.

At the present time the salvaging of clean paper and cardboard and the controlled tipping of refuse is the most economical method of refuse disposal for this district.

Nuisances.

Details of nuisances which were abated informally during the year are shown in the table below.

Refuse	18
Drainage	32
Poultry and Animals	2
Miscellaneous	12
	<u>64</u>

In addition nuisances caused by the keeping of pigs and poultry in insanitary conditions were abated after a magistrates court had made a nuisance order under Section 94 Public Health Act 1936.

Rodent Control.

Three hundred and twenty dwellinghouses, one hundred and eighteen business premises and twenty five agricultural holdings were inspected by the Rodent Operative during the year. Of these, sixty three dwellinghouses, thirty business premises and four agricultural holdings were found to be infested and were treated.

During the year the manholes in the sewerage system were treated with fluoroacetamide in April, July and October. Test baiting carried out after these treatments showed a reduction in the number of infested manholes. There is evidence however that reinfestation of the sewerage system takes place from the surface, through open storm overflows. The provision of self closing flaps, which has been agreed to, will do much to control this.

6. FACTORIES ACT.

Inspections.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2, 3, 4 and 6 are to be enforced by Local Authorities/	11	7	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	94	36	3	-
(iii) Other premises in which Section 7 is enforced by the Local Authority/ (excluding out-workers' premises).	15	20	-	-
Total	120	63	3	-

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	-	1	-
(b) Unsuitable or defective	2	2	-	2	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out- work)	-	-	-	-	-
Total	3	3	-	3	-

J. BROCKLEBANK
Senior Public Health Inspector.

